The Hampden Hippocrat

June 1980

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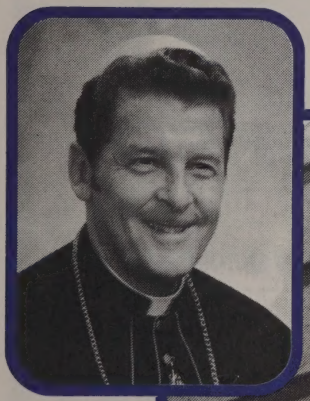

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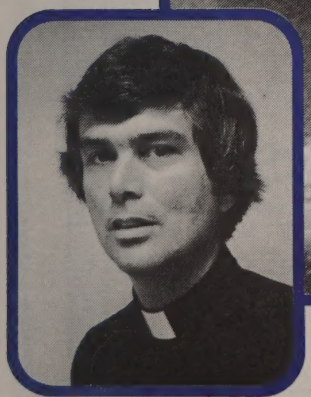

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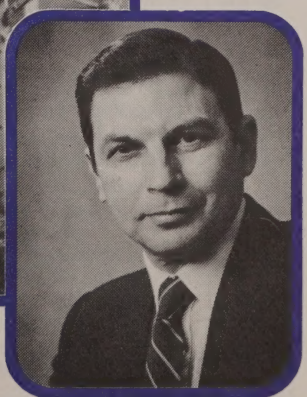

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THE OPINIONS EXPRESSED IN THIS BULLETIN ARE THOSE OF THE WRITERS AND DO NOT REFLECT THE OFFICIAL VIEWPOINT OF THE HAMPDEN DISTRICT MEDICAL SOCIETY UNLESS SO STATED.
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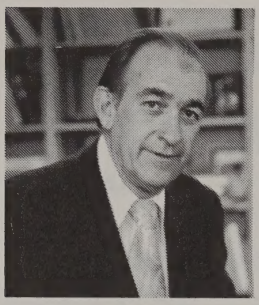

PRESIDENT'S PAGE

Democracy In Action

A frequently heard complaint is that decision-making in organized medicine is made on an "Ivory Tower" basis without sufficient member input. This has been partially so in our district society because of a combination of member lethargy and some degree of lack of information to the membership in advance of decision-making. We intend to set up a program that will allow for full membership involvement. Having a completely democratic organization will depend, then, on your willingness to participate.

The Massachusetts Medical Society has such a democratic organization. The Council of the Massachusetts Medical Society is composed entirely of representative councilors from each of the districts. We have 24 such councilors. The council has at least three meetings annually which each last for a full day. Every important policy and decision that emanates from the state medical society is fully discussed and approved by the Council. In order for the Council to assume this responsibility properly in such a tight time frame requires two things 1) that the Council receive appropriate information in a manner prior to the Council meetings, and 2) that the Council meetings themselves be conducted in an efficient manner to allow all of the business at hand to be handled within this time frame. To attend one of these Council meetings is an awesome experience. It requires that the meetings be conducted with strict discipline according to the rules of parliamentary procedure. It is our intention in Hampden District that there be five business meetings of the entire society during which we will attempt to conduct the meetings according to the model of the Massachusetts Medical Society. We also intend to keep the membership adequately informed in a timely manner. This will involve a considerable amount of work and expense. We urge you strongly to read the Hampden Hippocrat carefully and to read any other information emanating from Mrs. Purdy's office. All committee proceedings and recomendations will be published in advance of the district business meetings for your consideration. Each member of the society will have the perogative of presenting any matter of new business to the society for consideration. Any topic of new business to be brought to the society must be submitted in writing to Mrs. Purdy no later than ten days prior to the Executive Committee meeting preceding the District meeting. Mrs. Purdy will distribute to each member of the society a calendar of

the Executive Committee meetings and District meetings. Please do not lose this calendar because it involves a time frame for your participation in the society. The letter requesting consideration of any discussion or proposal must have in it a brief summary of same. Address your letter to Mrs. Vivian Purdy, at society headquarters.

This edition of the Hampden Hippocrat contains the names of all committee chairmen and the members of their committess. We encourage you to notify the committee chairman or Mrs. Purdy if you are intersted in involvement in any of your committees.

We encourage you to make individual comments to any of your officers, councilors, or committee chairman at any time. We request, whenever possible, that you submit such comments in writing to any of us at committee headquarters at 1414 State Street. This will enable Mrs. Purdy to see to it that none of your letters become displaced or overlooked. We are ready to go with an active and democratic district society. Get with us. □

JAMES J. SIRAGUSA, JR., M.D.
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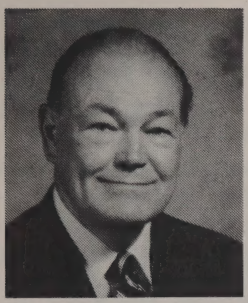

THE CHALLENGE OF THE '80s

This is an historic time for our state medical society. We're beginning our two-hundredth year in a few months; and we are on the threshold of a new decade. Certainly, we have a long and distinguished past on which we can look back with pride. But our focus, while pausing on this bicentennial anniversary, must be decidedly in the future. The decade of the '80s will provide critical challenges for American physicians, and we must be ready to meet them in Massachusetts.

Increasing health care costs, rapidly developing new technologies, and a rising consumer movement have altered the physician's working environment almost beyond recognition. These forces have resulted in the initiation of numerous government programs that are changing the way medicine is practiced. In the past two decades, most of the regulatory activity of concern to physicians came from the Federal level. Many observers of the politics of health care now see the next decade as one where the focus will shift to the state level, with legislation considered in many critical areas such as health financing, manpower distribution, alternative modes of delivery, and the diffusion of new technology.

While continuing the fine scientific, public health, administrative, and other regular functions of the Society, we must increase our understanding and effectiveness in the socio-economic, political arena. To do so, there must be increasingly effective dialogue with district societies and increasing political sophistication in our activities at both the district and state level.

During the past year, under the able direction of the past President, Dr. Grant V. Rodkey, a reorganization and strengthening of headquarters was begun. The position of Executive Vice-President was filled and augmented with the addition of an administrative assistant, and a full-time position was created and filled to deal with health planning issues. We have taken important steps to deal with the challenges of the '80s.

Everyone else seems to have views on how the health care system should be organized and regulated. In Massachusetts, we intend that in the decade of the '80s, physicans will be in a position to provide professional and politically sound input and influence the decisions regarding health care that inevitably are going to be made. □

FRANK E. BIXBY, M.D.
President, M.M.S.

MERCY IS ON THE MOVE.....

With all the advantages of a medium-size community hospital, new services and medical programs are making Mercy a truly comprehensive acute care facility.

There is an air of excitement at Mercy Hospital these days, a burst of activity and increasing medical sophistication perhaps not seen at that institution since opening of the''New'' Mercy in 1974.

Area physicians have long found in the 311-bed Mercy all the advantages typical of a well-run community hospital: good nursing care, plenty of staff, and physician control over patient care (non-teaching institutions generally leave the private practitioner in total charge of his patient). Mercy has long prided itself in good old-fashioned TLC and boasts one of the highest nurse/patient ratios in the Greater Springfield area.

Since opening of the new facility, however, Mercy has continued to add new medical services and ultra-modern instrumentation quite uncommon in typical community hospitals. The following abbreviated list of specialized services, many unique in all of Western Mass, qualifies Mercy as a truly comprehensive acute care hosptial, one sensitive to and constantly responding to community needs:

Advances in neurology and neurosurgery. Mercy's EKG department this year began brainstem evoked response neurological studies, aiding in the detection of brain tumors, multiple sclerosis and certain neurological disorders which might not be detectable by other means. Mercy neurosurgeons are now able to use the safest and most modern lesion generation system to relieve pain by generating lesions in nerve pathways. It also may be used to treat selected Parkinson's patients not responding to medications.

Regional center for EENT. *Mercy has enhanced its position as a regional center for EENT surgery by obtaining specialized equipment to treat retinal holes and detachments, and to remove cataracts by freezing. In 1973 the first xenon-arc light coagulator in the state outside Boston gave Mercy physicians the best instrumentation for eye disease treatment. Three years later purchase of a phacoemulsifier cut cataract surgery recovery time from six weeks to one.

CT scanning and other diagnostic radiology. Mercy's aggressive radiology department increased its nuclear medicine capabilities in 1973 with purchase of a pho gamma camera, adding an $86,000 scintillation camera four years later. Other advances during the past decade include a portable image intensifier that allows surgeons to view the operating field on a television screen, ultrasonographic use of sound waves to outline various tissues and organs, and xeromammography, one of the most advanced breast cancer detection techniques. By far the most startling advance came last year with acquisition of a full-body CT scanner, giving Mercy's medical staff access to the most sophisticated piece of diagnostic equipment available. The scanner is now operating at near full capacity.

Audiology center. The first hospital-operated audiology center in the city opened its doors at Mercy in 1975, serving area residents by identifying, measuring and rehabilitating hearing loss in adults and children. Last year the center dispensed over 200 hearing aids to private individuals, the only such center in the area to provide this service. Planning for a major expanison of services is now underway.

Top rated laboratory, respiratory, pharmacy. Mercy's fully-computerized laboratory is the first hospital lab in the area to receive the prestigious College of American Pathologists accreditation. The hospital's pharmacy boasts the only Drug Information Center in the city, the only clinical pharmacy program in the area, and the first unit dose system of drug distribution in Springfield. The expanded respiratory therapy department, recently relocated to modern and spacious offices, now provides fully-automated pulmonary function testing on request.

Expanded emergency services. Only 13% of emergency room patients at Mercy are hospitalized, thanks both to an efficient triage system implemented in 1976 and to recent improvements in facilities. Within the last two years the ER has added a Hydron unit to dress burns and prevent infection, an electronic video teletype to communicate with the hearing-impaired, a multi-purpose hydrotherapy tub for burn patients, and a "Lifeline" emergency response service for elderly and handicapped area residents.

Outpatient surgery. Last year the hospital converted a 12-bed intensive care area to an outpatient surgery and recovery unit, boosting patient use of the longstanding one-day-surgery program by over 20%. The unit is complimented by two fully-staffed minor surgery suites in the outpatient area.

A progressive system of specialized care. Mercy's two 12-bed coronary and intensive care units feature the latest in monitoring equipment, including a sophisticated wedge pressure transducer to measure delicate blood pressures in the pulmonary artery. Intermediate care, a unique concept bridging the gap between ICU and regular floor care, provides physicians a valuable third alternative when choosing the proper facilities for their patients. Last year this unit implemented

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cardiac telemetry, monitoring intermediate patients by remote control in coronary care. Specially-trained nurses staff neuro-ortho, EENT and pediatric units.

Rehabilitation services. In 1971 Mercy opened the city's first comprehensive rehabilitation unit providing physical, occupational and speech therapy for the disabled and chronically ill. Three years later Mercy's vision clinic began medical, social and vocational rehabilitation of the visually handicapped. As part of the hospital's ongoing efforts to serve the aged and physically handicapped, Mercy opened a new adult day care center in 1978, providing a supportive environment for those who are functionally independent but in need of day care services. Later that year Mercy became the only hospital in Western Mass with full-time interpreting services for deaf patients. And in December of last year the hospital initiated the first comprehensive driver training program for the physically disabled in Western Mass.

Area physicians have been applying for staff privileges at Mercy in record numbers the past few years, certainly due in part to the impressive list of new services above. As the Mercy Staff jumps by over 10% each year, an increasing number of physicians in every medical specialty have become available for consultation and referrals.

Physicians new to Mercy may be immediately taken by the sparkling six-level structure with its rich decor, striking innovations in hospital design, and advanced equipment. But they are more taken by the rush of medical care advances, the air of excitement, the burgeoning activity of a forward-looking staff.

This medium-size community hospital is on the move.

* * * * * * * * *

Under the guidance of the Sisters of Providence, Mercy Hospital seeks to meet the ever changing physical, emotional, social and spiritual needs of the community through sympathetic concern and care for those in need. The hospital subscribes to the ethical and religious directives of the Catholic health facilities as promulgated by the U.S. Catholic Conference. □

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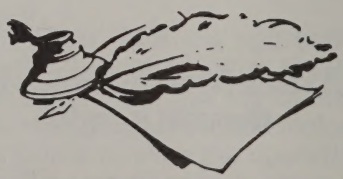
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Pediatrics At Mercy Hospital

In the 24-bed Pediatric unit at Mercy Hospital the staff has created a warm, loving and empathetic approach to quality patient care.

Keystone to this approach is the unit's pre-admission orientation program. A big hit with the children, the program begins with the showing of the film, "The Bartholomew Bunny Show." The film follows the hospitalization of a young girl beginning with pre-admission testing through surgery to discharge.

Following the film, the children take a tour of the unit which concludes in the playroom where they are served punch and cookies. While the children are touring a member of the Pediatrics staff speaks with the parents, explaining the routine that will be followed during their child's hospitalization. The roles of parents and staff are also discussed. These discussions have proven very helpful in alleviating parental anxiety.

The film is routinely shown every Friday at 1 P.M. for the children scheduled for admission the following week. Brothers and sisters are also invited to view the presentation. Because of the film's popularity it is also being shown to school groups from pre-school to second grade.

One aspect of the tour that always impresses the children is the very colorful and decorative wall murals executed by local artist Debbie Rudderforth. The murals make creative use of many of the well known Sesame Street characters. They make for an environment that is warm, friendly and, most importantly, familiar.

Small and compact, Mercy's Pediatric Unit has nine regular beds and 15 cribs. There are seven small cribs with extended sides and plastic tops and eight regular size cribs. Patient census continues to increase due in large part to admissions from the Mercy Medical Group Pediatrics Unit and an increase in EENT patients.

As in the adult areas, Pediatrics can draw on the support and expertise of the hospital's well equipped and staffed ancillary departments. Respiratory Therapy and Rehabilitation departments are two of the most frequently utilized services.

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Located on the ground floor of the main building, Respiratory Therapy offers a wide range of services, using the latest in equipment and techniques. The Rehabilitation Department, the most comprehensive in western Massachusetts, provides our patients and medical staff with an enormous resource including the most advanced modalities in physical and occupational therapies.

Another unique service available to the unit is the hospital's new Speech, Hearing and Language Center. The hospital recently entered into an agreement with the internationally famous Willie Ross School for the Deaf merging the school's outpatient speech and language facility with Mercy's Audiology Department. This facility, scheduled to become operational in September, will make available comprehensive speech and hearing services to all of our pediatric patients.

The Mercy Hospital Pediatric Unit offers area physicians a very modern and beautiful facility that provides their patients with a special kind of care that is both highly skilled and uniquely attuned to the needs of the young. □

ANNE LYNCH, R.N.
Pediatrics

JOYS OF RETIREMENT

Dear Friends:

The enclosed check is a donation to the Dr. Max & Ida L. Millman Foundation in memory of Dr. Norman Popkin. Norman was a true physician devoted to his patient's welfare with kindness and understanding. He will be missed by many.

I am now nearing my 7th year of retirement. Sarasota is just the place to be. There are quite a few Springfielders who now live here or winter here. I'm keeping my medical interest up by regular attendance at the weekly Medical Conference at the Sarasota Memorial Hospital. I've also been active with the Planned Parenthood Society (Adolescent gynecology) and I'm Acting Medical Director of the Hill Haven Convalescent Center (geriatrics). Also fishing is better than golf. □

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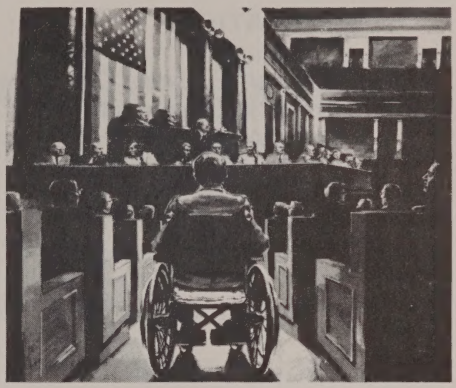

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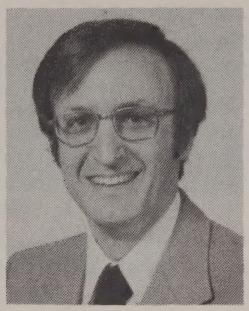
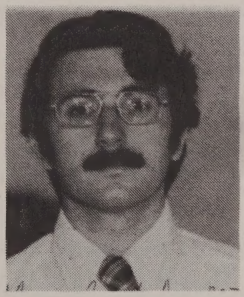


FREDRIC BROWNSTEIN, M.D.
125 Liberty Street
Spfld., MA 01103

Born:	January 15, 1942
Medical School:	Medical College of Penn., 1975
Internship:	NONE
Residency:	Baystate Medical Center (1975-78)
Specialty:	OB-GYN



ALAN H. BULLOCK, M.D.
125 Liberty Street
Spfld., MA 01103

Born:	August 8, 1946
Medical School:	S.U. of N.Y., 1971
Internship:	Medical College of Virginia (1971-72)
Residency:	S.U. of N.Y. (1972-73); University of CT (1973-76)
Specialty:	Orthopedic Surgeon

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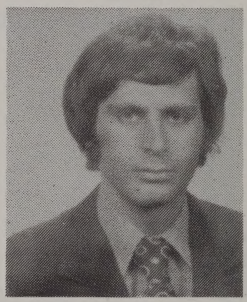
BRIGID K. GLACKIN, M.D.
759 Chestnut Street
Spfld., MA 01107

Born:	October 4, 1948
Medical School:	S.U. of N.Y., 1977
Internship:	Royal Victoria Hospital McGill University, Canada (1977-78)
Residency:	Baystate Medical Center (1978-Present)
Specialty:	Surgeon



LAWRENCE H. GOODMAN, M.D.
780 Chestnut Street
Spfld., MA 01107

Born:	November 7, 1949
Medical School:	Bowman Gray, 1975
Internship:	Maimonides Medical Center, N.Y. (1975-76)
Residency:	Baystate Medical Center (1976-79)
Specialty:	Radiologist

Meeting-Announcements

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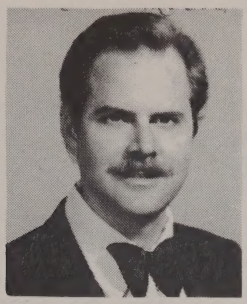
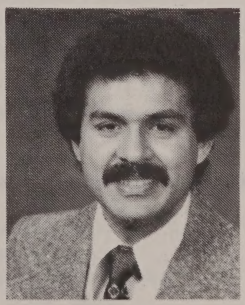


KRACH, KIM R.
759 Chestnut Street
Spfld., MA 01107

Born:	December 14, 1948
Medical School:	University of Guadalajara, 1977
Internship:	Baystate Medical Center (1979-Present)
Specialty:	Surgeon

DHIRENDRA MOHAN, M.D.
10 Hospital Drive
Holyoke, MA 01040

Born:	August 1, 1946
Medical School:	King Georges Medical College, 1972
Internship:	Brooklyn Cumberland Medical Center, N.Y.(1974-75)
Residency:	Memorial Hosp., Worcester (1975-77); Maine Medical Center (1977-79)
Specialty:	Internal Medicine, Cardiology



ANGEL L. MORALES, M.D.
50 Main Street
W. Spfld., MA 01089

Born:	August 25, 1948
Medical School:	Mount Sinai Medical School, 1976
Internship:	Roosevelt Hospital, N.Y.C. (1976-77)
Residency:	Roosevelt Hospital, N.Y.C. (1977-79)
Specialty:	Pediatrician

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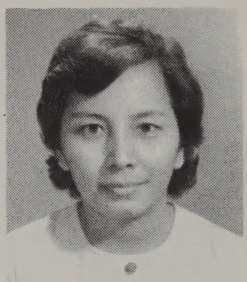
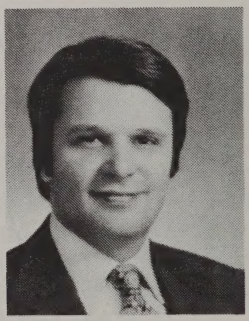


JOSEFINA A. PANGAN, M.D.
85 South Street
Ware, MA 01082

Born:	May 29, 1935
Medical School:	University of Santo Tomas Espana, Philippines, 1960
Internship:	University of Santo Tomas Hospital (1959-60); Kings County Hospital Center (1961-62)
Residency:	Kings County Hospital Center (1962-64)
Specialty:	Pediatrics



GARY E. RUSSOLILLO, M.D.
7 Court Street
Westfield, MA 01085

Born:	November 10, 1942
Medical School:	George Washington University, 1968
Internship:	George Washington University Hospital (1968-72)
Residency:	University of Saint Louis Hospital (1972-74)
Specialty:	Plastic & Reconstructive Surgery

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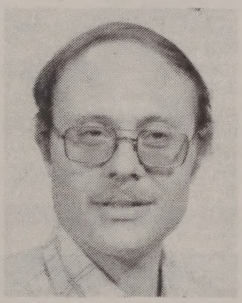
ROSE R. SAVIC, M.D.
2 Crane Park Drive
Wilbraham, MA 01095

Born:	February 3, 1935
Medical School:	University of Belgrade Medical School, 1961
Internship:	V.A. Hospital, R.I., (1974-75)
Residency:	Worcester City Hospital (1976-78)
Specialty:	Primary Care



MARK R. SELBY, M.D.
759 Chestnut Street
Spfld., MA 01107

Born:	June 1, 1947
Medical School:	Kansas City College of Osteopathic Medicine, 1977
Internship:	Zieger/Botsford Hospitals, Michigan (1977-78)
Residency:	Baystate Medical Center (1979-Present)
Specialty:	Osteopathic

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